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IMPROVED LAPAROSCOPIC VERSUS OPEN HERNIOPLASTY FOR POSTOPERATIVE VENTRAL HERNIAS: THE INDEPENDENT EFFECT OF THE REPAIR METHOD ON OUTCOMES

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Relevance

Modern mesh-based repair has substantially reduced recurrence of postoperative ventral hernias, yet wound complications, pain and prolonged disability after open surgery remain a problem. Objective evidence on the independent effect of the repair method on early and long-term outcomes is needed to justify the wider use of improved laparoscopic techniques.

Material and methods

Outcomes were compared between a main group (n=47) treated with improved laparoscopic hernioplasty and a comparison group (n=62) treated with open hernioalloplasty. Intraoperative parameters, early and late complications, recurrence and quality of life (EuraHS-QoL) were assessed, and the independent effect of the method was determined by multivariate and Cox regression analysis.

Results and discussion

The open method was an independent risk factor for early complications (OR 2.92) and recurrence (OR 3.74). The improved laparoscopic technique reduced the overall postoperative complication rate (Clavien–Dindo) from 37.1% to 17.0% (p=0.018) and recurrence from 11.3% to 4.3%. Patients in the main group also had a shorter hospital stay and earlier restoration of working capacity, together with better quality-of-life scores on the EuraHS-QoL questionnaire.



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Conclusion

The repair method has an independent influence on the results of treatment of postoperative ventral hernias: improved laparoscopic hernioplasty significantly reduces postoperative complications and recurrence compared with the open approach and can be recommended as the preferred method in appropriately selected patients.